

REQUEST FOR MEDICAL INFORMATION

NAME *(Please print)*

SSN

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, U.S.C., Sections 10204 and 10205, and E. O. 9397

PRINCIPAL PURPOSE: To maintain essential records of Air Force Reservists, and identify specific personnel capabilities.

ROUTINE USES: Disclosure may be made to any Department of Defense component or, upon request, to other Federal, state, or local agencies in pursuit of their official duties and may be used for other lawful purposes including law enforcement and litigation.

DISCLOSURE: MANDATORY. Failure to respond could cause incorrect priority for recall in the event of national mobilization and is a violation of Federal law.

You have been found questionably qualified or not qualified for continued military service. HQ ARPC/SG requires medical information from your physician regarding your qualification. Please have your physician complete the information below and return this form to HQ ARPC/SGS, 6760 E Irvington Pl #7200, Denver CO 80280-7200. If you or your physician have any questions, please contact the Physical Standards Section at toll free 1-800-525-0102, ext 236, DSN 926-7158, or commercial (303) 676-7158.

CONDITION TO BE EVALUATED

1. Complete medical history of the condition.

2. Diagnosis *(Include ICD-9-CM code(s))*

3. Treatment *(Include medications.)*

4. Limitations *(Include social and industrial impairment (S&I) for psychiatric conditions. If no limitations, state so.)*

5. Recommendation of the patient's ability to perform duties in a stressful and physically demanding environment.

6. Other Comments

PHYSICIAN'S NAME AND TITLE *(Type or print)*

SIGNATURE

DATE